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Prevention of surgical fires: A certification course for healthcare providers

Marquessa Fisher

University of Saint Francis, USA

An estimated 550-650 surgical fires occur annually in the United States. Surgical fires may have severe consequences including burns, disfigurement, long-term medical care or death. This project introduces a standardized certification program for the prevention of surgical fires. A pilot study was conducted with a convenience sample of 10 anesthesia providers who participated in the education module. The overall objective was to educate surgical team members and to prepare them to become certified in surgical fire prevention. Upon completion of the education module, participants completed the 50-question certification examination. Mean pretest scores were 66%; none of the participants had enough correct responses (85%) to be considered competent in surgical fire prevention. Mean posttest scores were 92.80% will all participants answering at least 85% correct. A paired sample t-test showed a statistically significant increase in knowledge; $t(9)=11.40$, $p=0.001$. Results of the pilot study indicate that this course can remediate gaps in surgical fire prevention knowledge for providers. Their poor performance on the pretest suggests that many providers may not receive sufficient instruction in surgical fire prevention.

mdfisher@sf.edu

Perioperative nursing care of patient with obstructive sleep apnea syndrome

Pervin Gokay and Sevinc Tastan

Gulhane Military Medical Academy, Turkey

Obstructive Sleep Apnea Syndrome (OSAS) is a disorder characterized by episodes of apnea and hypopnea during sleep and can cause serious complications in people such as hypoxemia and hypercapnia. It was indicated in a report published in 2012 by American Society of Peri-Anesthesia Nurses (ASPAN) that estimated incidence of OSAS was changing between 3-7% in men and 2-5% in women and this ratio increases up to 41% in individuals with obesity and comorbid disease. Epidemiological studies indicate that 80-90% of patients with OSAS have not been diagnosed. The prevalence of OSAS in surgical population is more than in society and this rate rises to 24%. Being high of this rate increases the risk of the development of cardiopulmonary complications in perioperative period. In a guide published in 2006 by American Association of Anesthetists (ASA) to prevent the development of complications, it is recommended that all surgical patients should be evaluated in OSAS in preoperative period. Nurses that are responsible for perioperative care of patients with OSAS have important responsibilities in the prevention, treatment and care of cardiopulmonary complications. It is especially important for the patient to be evaluated with diagnostic and screening tests in terms of OSAS in preoperative period and nursing interventions made for it in perioperative period is important for providing patient safety and quality of care. In this study, it is intended to review in the light of current information of the perioperative nursing care of patients diagnosed with OSAS or with high risk of OSAS.

pgokay@gata.edu.tr